State of Kansas Department of Administration Division of Accounts and Reports DA-6 (Rev. 06-99)

LOST WARRANT STATEMENT

A&R Use Only								
Stop Payment No.								

To: Director of Accounts and Reports					Date:	Date:				
From:	Agency	y No.								
Reason	for Req	uest								
Los	st [Destroyed	Was n	ot received by the payer	ee	Stolen	Bank T	ransit		
Warrant Information										
(Please Print or type)										
Warrant	t Type					Warrant N	О.			
Warrant Date				WY .						
Payee N	Payee Name Payee Tax ID No.									
& Address					_	(SSN or FEIN)				
							(Ag	ency Use Only)		
	District Office							District Office		
Stop Payment Posted By: (Accounts and Report (Accounts and Report				counts and Reports	<u>Use)</u>		(State Treasurer's Use) Treasurer's Approval			
Poste	a By:						Ву			
							Date .			
Duplicate Warrant Number Duplicate Issue Date										
Payee Name Warrant Amount										
		Ι				37 1	0			
D	ate	Agency No.	Fund	Amount	FY	Voucher Validation I		Warrant Number		
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